

Home Pass Evaluation Checklist

Date of Leave: _____ Date of Return: _____

Once a resident has progressed through the level system and is on the highest or near highest level, he/she is eligible for home pass. There may be an occasion where a scheduled home/holiday pass may have to be rescheduled for a later time.

Please check the following behaviors that were present during home visit.

- ☐ Breaking Curfew
- ☐ Refusing to do chores
- ☐ Possession of alcohol or drugs
- ☐ Running Away
- ☐ Stealing
- ☐ Fighting

Interaction with others: Excellent. _____ Average _____ Poor _____

Note: To be completed by parent or legal guardian only.

Comments/Concerns

Case Manager

Parent/Legal Guardian Signature

Home Rules Contract

for _____ **Family**

(last name of family)

All family members, whose signatures are present on this document below, are in agreement with and will follow the rules and consequences of this Home Rules Contract as listed:

RULE 1:

Consequence:

Privilege:

RULE 2:

Consequence:

Privilege:

RULE 3:

Consequence:

Privilege:

RULE 4:

Consequence:

Privilege:

Signatures of family members (*contract must be signed by all family members involved in contract*)
 Caregivers Other Caregivers

 Parent

 Grandparent #1

 Parent

 Grandparent #2

 Step Parent

 Other Caregiver #1

 Step Parent

 Other Caregiver #2

 Teen/Sibling #1

 Teen/Sibling #2

 Teen/Sibling #3

 Teen/Sibling #4